
State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups
Product Name: Ind DI PRO
Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: Ind DI PRO
State: Arkansas
TOI: H111 Individual Health - Disability Income
Sub-TOI: H111.006 Short Term - Related to marketing with employer or association groups
Filing Type: Form/Rate
Date Submitted: 10/24/2012
SERFF Tr Num: SEFL-128742020
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: IND DI PRO

Implementation
Date Requested:
Author(s): Kristi Hendrickson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/05/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups
Product Name: Ind DI PRO
Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Filing Company: Assurity Life Insurance Company

General Information

| | |
|--|--|
| Project Name: Ind DI PRO Forms | Status of Filing in Domicile: Authorized |
| Project Number: Ind DI PRO | Date Approved in Domicile: 10/18/2012 |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: Approved |
| Explanation for Combination/Other: | Market Type: Individual |
| Submission Type: New Submission | Individual Market Type: |
| Overall Rate Impact: | Filing Status Changed: 11/05/2012 |
| | State Status Changed: 11/05/2012 |
| Deemer Date: | Created By: Kristi Hendrickson |
| Submitted By: Kristi Hendrickson | Corresponding Filing Tracking Number: SEFL-128741971 |

Filing Description:

Form Numbers Form Title

W H1206 (AR) Off-the-Job Accident and Sickness Disability Income Policy
 W H1207 (AR) Off-the-Job Accident-Only Disability Income Policy
 R W1208 (AR) Emergency Accident Rider
 R W1209 On-the-Job Accident and Sickness Disability Income Rider
 R W1210 On-the-Job Accident-Only Disability Income Rider
 R W1211 Retroactive Injury Benefit Rider
 R W1212 Spouse Accident-Only Disability Income Rider
 OC-W H1206 (AR) Outline of Coverage (for Off-the-Job Accident and Sickness Disability Income Policy)
 OC-W H1207 (AR) Outline of Coverage (for Off-the-Job Accident-Only Disability Income Policy)
 47-403-05053 (R07-12) Disability income product page of application

The above forms and associated rates are submitted for review and approval.

When approved, the above forms will replace the forms indicated below, which were approved on September 14, 2006:

Form Number Form Title

W D210 (AR) Off-the-Job Disability Income Policy – Accident and Sickness
 W D215 (AR) Off-the-Job Disability Income Policy – Accident Only
 R WD211 Emergency Accident Rider
 R WD212 Retroactive Injury Benefit Rider
 R WD213 On-the-Job Disability Income Rider – Accident/Sickness
 R WD214 On-the-Job Disability Income Rider – Accident Only
 R WD215 Spouse Accident Only Disability Income Rider
 OC-W D210 Outline of Coverage
 OC-W D215 Outline of Coverage
 47-403-05053 Disability income product page of application

Form W H1206 (AR) is an off-the-job disability income policy which provides monthly benefits while the insured is totally disabled due to a covered accident or sickness.

Form W H1207 (AR) is an off-the-job disability income policy which provides monthly benefits while the insured is totally disabled due to a covered accident.

| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Form R W1208 (AR) is an emergency accident rider that provides a lump sum payment if the insured person sustains an injury for which they receive emergency care as provided in the rider. The benefit from this rider is payable up to four times per calendar year. This rider is available with policy forms W H1206 (AR) and W H1207 (AR).

Form R W1209 is an on-the-job disability income rider that provides monthly benefits for total disability due to a covered sickness or covered accident. This rider is available with policy form W H1206 (AR).

Form R W1210 is an on-the-job disability income rider that provides monthly benefits for total disability due to a covered accident. This rider is available with policy form W H1207 (AR).

Form R W1211 is a retroactive injury benefit rider that provides a lump sum benefit to the insured if he/she is continuously totally disabled from the date of the injury until the end of the elimination period. This rider is available with policy forms W H1206 (AR) and W H1207 (AR).

Form R W1212 is a spouse accident only disability income rider which provides monthly benefits for total disability from a covered accident to the spouse of the insured. This rider is available with policy forms W H1206 (AR) and W H1207 (AR).

Form OC-W H1206 (AR) is the corresponding outline of coverage for policy form W H1206 (AR).

Form OC-W H1207 (AR) is the corresponding outline of coverage for policy form W H1207 (AR).

Form 47-403-05053 (R07-12) is the plan selection page for policy forms W H1206 (AR) and W H1207 (AR). This page will be utilized with application forms 47-400-05053 (R11-11) and 47-401-05053 (R11-11), which were approved on April 16, 2012 under SEFL-127885845.

Marketing: These forms will be marketed to employers, associations and unions at the worksite where there is an employer/employee relationship, using payroll deduction for premiums.

We recently submitted similar individual health forms under SEFL-128741971. Because these forms and the benefits they provide are so similar, it is our intent to have the language as much alike as possible. Therefore, we would like to have the filings reviewed simultaneously if possible.

Company and Contact

Filing Contact Information

| | |
|--|---------------------------|
| Kristi Hendrickson, Policy Filing Specialist | policyfiling@assurity.com |
| P.O. Box 82533 | 402-437-3452 [Phone] |
| Lincoln, NE 68501-2533 | 402-437-3802 [FAX] |

Filing Company Information

| | | |
|---------------------------------|-------------------------|-----------------------------|
| Assurity Life Insurance Company | CoCode: 71439 | State of Domicile: Nebraska |
| P.O. Box 82533 | Group Code: | Company Type: Life/Health |
| Lincoln, NE 68501-2533 | Group Name: | State ID Number: |
| (800) 276-7619 ext. [Phone] | FEIN Number: 38-1843471 | |

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups
Product Name: Ind DI PRO
Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Filing Fees

Fee Required? Yes
Fee Amount: \$550.00
Retaliatory? No
Fee Explanation: 50 per form and 50 for the rates
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|---------------------------------|----------|----------------|---------------|
| Assurity Life Insurance Company | \$550.00 | 10/24/2012 | 64229574 |

| | | | |
|----------------------|---|-----------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/05/2012 | 11/05/2012 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|----------------|------------|----------------|
| Pending Industry Response | Rosalind Minor | 11/02/2012 | 11/02/2012 |

Response Letters

| Responded By | Created On | Date Submitted |
|--------------------|------------|----------------|
| Kristi Hendrickson | 11/05/2012 | 11/05/2012 |

| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Disposition

Disposition Date: 11/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|---------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Assurity Life Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Form (revised) | Off-the-Job Accident and Sickness Disability Income Policy | Approved-Closed | Yes |
| Form | Off-the-Job Accident and Sickness Disability Income Policy | Replaced | Yes |
| Form (revised) | Off-the-Job Accident-Only Disability Income Policy | Approved-Closed | Yes |
| Form | Off-the-Job Accident-Only Disability Income Policy | Replaced | Yes |
| Form | Emergency Accident Rider | Approved-Closed | Yes |
| Form | On-the-Job Accident and Sickness Disability Income Rider | Approved-Closed | Yes |
| Form | On-the-Job Accident-Only Disability Income Rider | Approved-Closed | Yes |

| | | | |
|----------------------|---|-----------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------|---|----------------------|---------------|
| Form | Retroactive Injury Benefit Rider | Approved-Closed | Yes |
| Form | Spouse Accident-Only Disability Income Rider | Approved-Closed | Yes |
| Form | Outline of Coverage | Approved-Closed | Yes |
| Form | Outline of Coverage | Approved-Closed | Yes |
| Form | Disability income product page of application | Approved-Closed | Yes |
| Rate | Attachment A | Approved-Closed | Yes |

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups
Product Name: Ind DI PRO
Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 11/02/2012 |
| Submitted Date | 11/02/2012 |
| Respond By Date | |

Dear Kristi Hendrickson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Off-the-Job Accident and Sickness Disability Income Policy, W H1206 (AR) (Form)
 - Off-the-Job Accident-Only Disability Income Policy, W H1207 (AR) (Form)
- Comments: Please refer to your paragraph with respect to Discretionary Authority.

Our Department has a Proposed rule 101 which addresses the prohibition on the use of discretionary clauses in DI Policies. The rule goes into effect January, 2013. It is requested that you delete the language on discretionary authority.

Objection 2

- Disability income product page of application, 47-403-05053 (R07-12) (Form)
- Comments:

Will this application/enrollment be used as a stand alone application? If so, it must contain a Fraud Statement.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

| | | | | | |
|-----------------------------|---|--------------------------|---------------------------------|----------------------------|------------|
| SERFF Tracking #: | SEFL-128742020 | State Tracking #: | | Company Tracking #: | IND DI PRO |
| <hr/> | | | | | |
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company | | |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | | | |
| Product Name: | Ind DI PRO | | | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | | | |

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 11/05/2012 |
| Submitted Date | 11/05/2012 |

Dear Rosalind Minor,

Introduction:

Thank you for your correspondence.

Response 1

Comments:

Thank you for bringing this to our attention. The discretionary clause has been removed from the contracts.

Related Objection 1

Applies To:

- *Off-the-Job Accident and Sickness Disability Income Policy, W H1206 (AR) (Form)*
- *Off-the-Job Accident-Only Disability Income Policy, W H1207 (AR) (Form)*

Comments: Please refer to your paragraph with respect to Discretionary Authority.

Our Department has a Proposed rule 101 which addresses the prohibition on the use of discretionary clauses in DI Policies. The rule goes into effect January, 2013. It is requested that you delete the language on discretionary authority.

Changed Items:

No Supporting Documents changed.

State: Arkansas Filing Company: Assurity Life Insurance Company
 TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups
 Product Name: Ind DI PRO
 Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Form Schedule Item Changes:

| Form Schedule Item Changes | | | | | | | | |
|----------------------------|--|--------------|-----------|-------------|---|-------------------|--------------|--|
| Item No. | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments | Submitted |
| 1 | Off-the-Job Accident and Sickness Disability Income Policy | W H1206 (AR) | POL | Revised | Replaced Form #:W D210 (AR) Previous Filing #: | 50.300 | WH1206AR.pdf | Date Submitted: 11/05/2012 By: Kristi Hendrickson |
| Previous Version | | | | | | | | |
| 1 | Off-the-Job Accident and Sickness Disability Income Policy | W H1206 (AR) | POL | Revised | Replaced Form #:W D210 (AR) Previous Filing #: | 50.300 | WH1206AR.pdf | Date Submitted: 10/24/2012 By: Kristi Hendrickson |
| 2 | Off-the-Job Accident-Only Disability Income Policy | W H1207 (AR) | POL | Revised | Replaced Form #:W D215 (AR) Previous Filing #: | 52.000 | WH1207AR.pdf | Date Submitted: 11/05/2012 By: Kristi Hendrickson |
| Previous Version | | | | | | | | |
| 2 | Off-the-Job Accident-Only Disability Income Policy | W H1207 (AR) | POL | Revised | Replaced Form #:W D215 (AR) Previous Filing #: | 52.000 | WH1207AR.pdf | Date Submitted: 10/24/2012 By: Kristi Hendrickson |

No Rate/Rule Schedule items changed.

Response 2

Comments:

No, form 47-403-05053 (R07-12) is the plan selection page for policy forms W H1206 (AR) and W H1207 (AR). This page will be utilized with application forms 47-400-05053 (R11-11) and 47-401-05053 (R11-11), which were approved on April 16, 2012 under SEFL-127885845. Form 47-401-05053 (R11-11) contains the required fraud statement.

Related Objection 2

SERFF Tracking #:

SEFL-128742020

State Tracking #:

Company Tracking #:

IND DI PRO

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups

Product Name:

Ind DI PRO

Project Name/Number:

Ind DI PRO Forms/Ind DI PRO

Applies To:

- Disability income product page of application, 47-403-05053 (R07-12) (Form)

Comments:

Will this application/enrollment be used as a stand alone application? If so, it must contain a Fraud Statement.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your time and consideration.

Sincerely,

Kristi Hendrickson

State: Arkansas

Filing Company: Assurity Life Insurance Company

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups

Product Name: Ind DI PRO

Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Form Schedule

Lead Form Number: W H1206 (AR)

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | | Readability Score | Attachments |
|----------|-------------------------------|--|--------------|-----------|-------------|-------------------------|-------------|-------------------|--------------|
| 1 | Approved-Closed 11/05/2012 | Off-the-Job Accident and Sickness Disability Income Policy | W H1206 (AR) | POL | Revised | Previous Filing Number: | | 50.300 | WH1206AR.pdf |
| | | | | | | Replaced Form Number: | W D210 (AR) | | |
| 2 | Approved-Closed 11/05/2012 | Off-the-Job Accident-Only Disability Income Policy | W H1207 (AR) | POL | Revised | Previous Filing Number: | | 52.000 | WH1207AR.pdf |
| | | | | | | Replaced Form Number: | W D215 (AR) | | |
| 3 | Approved-Closed 11/05/2012 | Emergency Accident Rider | R W1208 (AR) | POLA | Revised | Previous Filing Number: | | 52.400 | RW1208AR.pdf |
| | | | | | | Replaced Form Number: | R WD211 | | |
| 4 | Approved-Closed 11/05/2012 | On-the-Job Accident and Sickness Disability Income Rider | R W1209 | POLA | Revised | Previous Filing Number: | | 52.600 | RW1209AR.pdf |
| | | | | | | Replaced Form Number: | R WD213 | | |
| 5 | Approved-Closed 11/05/2012 | On-the-Job Accident-Only Disability Income Rider | R W1210 | POLA | Revised | Previous Filing Number: | | 52.000 | RW1210AR.pdf |
| | | | | | | Replaced Form Number: | R WD214 | | |
| 6 | Approved-Closed 11/05/2012 | Retroactive Injury Benefit Rider | R W1211 | POLA | Revised | Previous Filing Number: | | 52.700 | RW1211AR.pdf |
| | | | | | | Replaced Form Number: | R WD212 | | |

State: Arkansas

Filing Company: Assurity Life Insurance Company

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups

Product Name: Ind DI PRO

Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Lead Form Number: W H1206 (AR)

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | | Readability Score | Attachments |
|----------|-------------------------------|---|-------------------------------|-----------|-------------|-------------------------|----------------|-------------------|-------------------------------|
| 7 | Approved-Closed 11/05/2012 | Spouse Accident-Only Disability Income Rider | R W1212 | POLA | Revised | Previous Filing Number: | | 51.700 | RW1212AR.pdf |
| | | | | | | Replaced Form Number: | R WD215 | | |
| 8 | Approved-Closed 11/05/2012 | Outline of Coverage | OC-W H1206 (AR) | OUT | Revised | Previous Filing Number: | | 50.600 | OCWH1206AR.pdf |
| | | | | | | Replaced Form Number: | OC-W D210 (AR) | | |
| 9 | Approved-Closed 11/05/2012 | Outline of Coverage | OC-W H1207 (AR) | OUT | Revised | Previous Filing Number: | | 50.300 | OCWH1207AR.pdf |
| | | | | | | Replaced Form Number: | OC-W D215 (AR) | | |
| 10 | Approved-Closed 11/05/2012 | Disability income product page of application | 47-403- 05053 (R07- 12) | AEF | Revised | Previous Filing Number: | | 50.300 | 47-403-05053- (R07-12).pdf |
| | | | | | | Replaced Form Number: | 47-403-05053 | | |

Form Type Legend:

| | | | |
|------------|------------------------|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |

| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

| | | | |
|-------------|--|------------|----------------|
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |
|-------------|--|------------|----------------|

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident and Sickness
Disability Income Policy**

This is a legal contract between You (the Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given 31 days notice by mail prior to any premium change. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

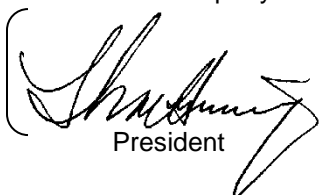
RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as this policy is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

Representative: [Alex Agent]

Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

| | |
|---|----|
| Renewal | 1 |
| Right to Examine | 1 |
| Right to Cancel..... | 1 |
| Schedule | 3 |
| Definitions..... | 4 |
| Premiums | 5 |
| Premium Payments..... | 5 |
| Grace Period | 5 |
| Reinstatement | 6 |
| Refund of Unearned Premium | 6 |
| Unpaid Premiums..... | 6 |
| Total Disability Benefit..... | 6 |
| Monthly Benefit Payment | 6 |
| Total Disability for Part of a Month | 6 |
| Partial Disability Benefit | 6 |
| Monthly Benefit Payment | 6 |
| Partial Disability for Part of a Month..... | 6 |
| Waiver of Premium..... | 6 |
| Limitations | 7 |
| Pre-existing Condition | 7 |
| Foreign Travel | 7 |
| Exclusions | 7 |
| Termination | 7 |
| Claim Procedures..... | 8 |
| Notice of Claim | 8 |
| Claim Forms..... | 8 |
| Proof of Loss | 8 |
| Additional Proof of Loss | 8 |
| Time of Payment of Claim..... | 8 |
| Time of Loss..... | 8 |
| Payment of Claim | 8 |
| Overpayment Reimbursement | 8 |
| Claim Review | 8 |
| Appeal, if Governed by ERISA..... | 8 |
| General Provisions | 8 |
| Application Statement | 8 |
| Agency | 9 |
| Assignment..... | 9 |
| Change of Beneficiary..... | 9 |
| Conformity with State and Federal Law | 9 |
| Duty of Cooperation | 9 |
| Entire Contract; Changes..... | 9 |
| Legal Action | 9 |
| Misstatement of Age | 9 |
| Misstatement of Income | 9 |
| Physical Examination and Autopsy..... | 9 |
| Time Limit on Certain Defenses..... | 10 |
| Time of Coverage..... | 10 |
| Workers' Compensation..... | 10 |

SCHEDULE

| FORM NO. | FORM NAME | INITIAL ANNUAL PREMIUM |
|---------------|---|------------------------|
| W H1206 (AR) | Off-the-Job Accident and Sickness Disability Income Policy | \$[] |
| | Total Disability Monthly Benefit: \$[300 - 5,000] Maximum Benefit Period: [3, 6, 12, 24] months Elimination Period – Accident: [0, 7, 14, 30, 60, 90, 180] consecutive days Elimination Period – Sickness: [7, 14, 30, 60, 90, 180] consecutive days | |
| | Partial Disability Monthly Benefit: \$[150 – 2,500] Maximum Partial Benefit Period: [3 or 6] months | |
| [R W1208 (AR) | Emergency Accident Rider | \$[] |
| R W1209 | On-the-Job Accident and Sickness Disability Income Rider | \$[] |
| R W1211 | Retroactive Injury Benefit Rider | \$[] |
| R W1212 | Spouse Accident-Only Disability Income Rider | \$[] |

Insured Person: []
Issue Age: []

| | | |
|------------------|---|---|
| Policy Number: | [|] |
| Issue Date: | [|] |
| Initial Premium: | [|] |
| Premium Mode: | [|] |

DEFINITIONS

Actively at Work means performing the duties of Your occupation for Your employer for a wage, salary or profit.

Actively Employed means You must be working for the employer named in Your application or working for another employer at least 30 hours per week. You must be performing the substantial and material duties of Your regular occupation.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the policy Issue Date, (c) occurs while this policy is in force and (d) is not excluded by name or specific description in this policy.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the policy Schedule or rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this policy is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Insured Person listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include any rider premiums. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated policy shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated policy is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

MILITARY SERVICE

You may suspend this policy if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your policy due to active military service, We will refund any unearned premium.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- the policy anniversary following Your 70th birthday, or, if You continue to be Actively Employed after age 70, the date You cease being Actively Employed;
- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of this policy will not affect any claim for disability, provided that the Total Disability begins prior to termination of this policy and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this policy.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this policy, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither an employer, associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this policy, which includes the application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this policy) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this policy) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME POLICY

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

READ YOUR POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident-Only
Disability Income Policy**

This is a legal contract between You (the Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given 31 days notice by mail prior to any premium change. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

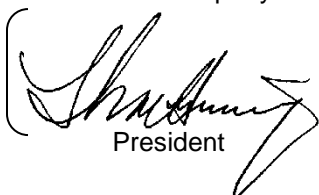
RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as this policy is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President
Secretary

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

Representative: [Alex Agent]

Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

| | |
|---|---|
| Renewal | 1 |
| Right to Examine | 1 |
| Right to Cancel..... | 1 |
| Schedule | 3 |
| Definitions..... | 4 |
| Premiums | 5 |
| Premium Payments..... | 5 |
| Grace Period | 5 |
| Reinstatement | 5 |
| Refund of Unearned Premium | 5 |
| Unpaid Premiums..... | 5 |
| Total Disability Benefit..... | 6 |
| Monthly Benefit Payment | 6 |
| Total Disability for Part of a Month | 6 |
| Partial Disability Benefit | 6 |
| Monthly Benefit Payment | 6 |
| Partial Disability for Part of a Month..... | 6 |
| Waiver of Premium..... | 6 |
| Limitations | 6 |
| Pre-existing Condition | 6 |
| Foreign Travel | 6 |
| Exclusions | 6 |
| Termination | 7 |
| Claim Procedures..... | 7 |
| Notice of Claim | 7 |
| Claim Forms..... | 7 |
| Proof of Loss | 7 |
| Additional Proof of Loss | 8 |
| Time of Payment of Claim..... | 8 |
| Time of Loss..... | 8 |
| Payment of Claim | 8 |
| Overpayment Reimbursement | 8 |
| Claim Review | 8 |
| Appeal, if Governed by ERISA..... | 8 |
| General Provisions | 8 |
| Application Statement | 8 |
| Agency | 8 |
| Assignment..... | 8 |
| Change of Beneficiary..... | 8 |
| Conformity with State and Federal Law | 9 |
| Duty of Cooperation | 9 |
| Entire Contract; Changes..... | 9 |
| Legal Action | 9 |
| Misstatement of Age | 9 |
| Misstatement of Income | 9 |
| Physical Examination and Autopsy..... | 9 |
| Time Limit on Certain Defenses..... | 9 |
| Time of Coverage..... | 9 |
| Workers' Compensation..... | 9 |

SCHEDULE

| FORM NO. | FORM NAME | INITIAL ANNUAL PREMIUM |
|---------------|---|----------------------------|
| W H1207 (AR) | Off-the-Job Accident—Only Disability Income Policy | \$[] |
| | <div> <div>Total Disability Monthly Benefit:</div> <div>\$[300 - 5,000]</div> </div> <div> <div>Maximum Benefit Period:</div> <div>[3, 6, 12, 24] months</div> </div> <div> <div>Elimination Period:</div> <div>[0, 7, 14, 30, 60, 90, 180] consecutive days</div> </div> | |
| | <div> <div>Partial Disability Monthly Benefit:</div> <div>\$[150 – 2,500]</div> </div> <div> <div>Maximum Partial Benefit Period:</div> <div>[3 or 6] months</div> </div> | |
| [R W1208 (AR) | Emergency Accident Rider | \$[] |
| R W1210 | On-the-Job Accident-Only Disability Income Rider | \$[] |
| R W1211 | Retroactive Injury Benefit Rider | \$[] |
| R W1212 | Spouse Accident-Only Disability Income Rider | \$[] |

| | | | | | |
|-----------------|---|---|------------------|---|---|
| Insured Person: | [|] | Policy Number: | [|] |
| Issue Age: | [|] | Issue Date: | [|] |
| | | | Initial Premium: | [|] |
| | | | Premium Mode: | [|] |

DEFINITIONS

Actively at Work means performing the duties of Your occupation for Your employer for a wage, salary or profit.

Actively Employed means You must be working for the employer named in Your application or working for another employer at least 30 hours per week. You must be performing the substantial and material duties of Your regular occupation.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the policy Issue Date, (c) occurs while this policy is in force and (d) is not excluded by name or specific description in this policy.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the policy Schedule or rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this policy is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and Our mean Assurity Life Insurance Company.

You and Your mean the Insured Person listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include any rider premiums. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated policy is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;

- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

MILITARY SERVICE

You may suspend this policy if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your policy due to active military service, We will refund any unearned premium.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- the policy anniversary following Your 70th birthday, or, if You continue to be Actively Employed after age 70, the date You cease being Actively Employed;
- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of this policy will not affect any claim for disability, provided that the Total Disability begins prior to termination of this policy and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this policy.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this policy, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither an employer, associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this policy, which includes the application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this policy) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this policy) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME POLICY

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

READ YOUR POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Emergency
Accident Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After this rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

| | | |
|-----------------|----------------------|---|
| Insured Person: | [|] |
| Issue Date: | [|] |
| Benefit Amount: | \${100, 150, or 200} | |

DEFINITIONS

Calendar Year means the period of time that begins on January 1 and ends on December 31, of the same year.

Emergency Care means those health care services that are provided for an Injury of sufficient severity that would cause a reasonably prudent person to seek immediate medical attention.

Emergency Room means a specified area within a Hospital that is designated for the Emergency Care of accidental Injuries. This area must (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by Physicians and (c) provide care seven days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Hospital means a primary care medical facility operated pursuant to law. The Hospital must have organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a registered nurse (RN), and be supervised by a staff of one or more Physicians. The Hospital must also maintain on its premises the patient's written history and medical records.

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Urgent Care Facility means a free-standing facility, which is not part of a Hospital, or Hospital Emergency Room, which provides care on an urgent basis.

REINSTATEMENT

If premium is not paid by the end of the Grace Period, this rider will lapse (will not be in force). If You want this rider reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this rider lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this rider may be reinstated with payment of any premium due. This rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this rider will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

This rider provides You with a Benefit Amount if You sustain an Injury for which You receive Emergency Care by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after an Injury. This benefit will be paid up to four times per Calendar Year.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this rider occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this rider will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while this rider is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of this rider.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISION

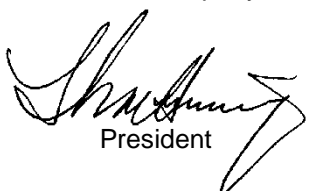
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.


TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Carol S. Watson
Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**On-the-Job
Accident and Sickness
Disability Income Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After this rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

| | |
|-------------------------------------|--|
| Insured Person: | [] |
| Issue Date: | [] |
| Total Disability Monthly Benefit: | [\$150 - \$2,500] |
| Maximum Benefit Period: | [3, 6, 12, 24] months |
| Elimination Period - Accident: | [0, 7, 14, 30, 60, 90, 180] consecutive days |
| Elimination Period - Sickness: | [7, 14, 30, 60, 90, 180] consecutive days |
| Partial Disability Monthly Benefit: | [\$75 - \$1,250] |
| Maximum Partial Benefit Period: | [3 or 6] months |

DEFINITIONS

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this rider is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under the policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

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**On-the-Job
Accident-Only
Disability Income Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After this rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

| | |
|-------------------------------------|--|
| Insured Person: | [] |
| Issue Date: | [] |
| Total Disability Monthly Benefit: | [\$150 - \$2,500] |
| Maximum Benefit Period: | [3, 6, 12, 24] months |
| Elimination Period: | [0, 7, 14, 30, 60, 90, 180] consecutive days |
| Partial Disability Monthly Benefit: | [\$75 - \$1,250] |
| Maximum Partial Benefit Period: | [3 or 6] months |

DEFINITIONS

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this rider is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under the policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION

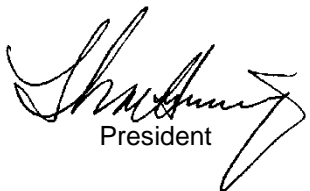

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

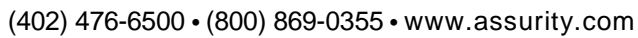
TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.

| | |
|--|---|
|  President |  Secretary |
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Page 1

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Spouse Accident-Only
Disability Income Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After this rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

| | | |
|-------------------------|--------------------|---|
| Insured Person: | [|] |
| Issue Date: | [|] |
| Monthly Benefit: | [\$600 or \$1,200] | |
| Maximum Benefit Period: | 6 months | |
| Elimination Period: | 7 consecutive days | |

DEFINITIONS

Actively Employed means working for pay at least 30 hours per week.

Any Occupation means an occupation, which fits the Insured Person by education, training or experience.

Recurrent Total Disability means a situation in which the Insured Person becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Spouse means the person to whom You are lawfully married and is named on Your application for this rider as Your Spouse at the time You applied for this rider. No more than one Spouse may be insured at any given time.

Total Disability and **Totally Disabled** mean a disability due to an Injury which (a) keeps the Insured Person from doing the substantial and material duties of their own occupation if the Insured Person is Actively Employed or (b) is unable to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed, and (c) starts while this rider is in force, and (d) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Insured Person is working for wage, salary or profit during a period of Total Disability.

BENEFIT

Monthly Benefit Payment. We will pay the Monthly Benefit if the Insured Person is Totally Disabled and the Elimination Period has been satisfied. We will pay Monthly Benefits while the Insured Person is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Insured Person is Actively Employed on a continuous basis or able to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed and not receiving any disability Monthly Benefits under this rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period. Monthly Benefits for Partial Disability are not payable.

Total Disability for Part of a Month. If the Insured Person's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit for each day of Total Disability.

GENERAL PROVISION

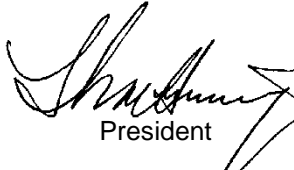
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- the policy anniversary following the Insured Person's 70th birthday;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date;
- when the Insured Person establishes residence in a foreign country; or
- upon the Insured Person's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job Accident and
Sickness Disability Income
Outline of Coverage**

A. READ YOUR POLICY CAREFULLY! This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance policy and only the actual policy will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

B. Disability income coverage is designed to provide coverage for disabilities resulting from a Covered Accident or Sickness or combination thereof. Coverage is provided for the benefits described in the Benefits section below. The benefits described may be limited as outlined in the Exclusions section.

C. BENEFITS**TOTAL DISABILITY BENEFIT**

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Total Disability for Part of a Month. If the Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period.

Partial Disability for Part of a Month. If the Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of Premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first.

D. LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

E. EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;

- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- having a hernia;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

F. RENEWABILITY

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change Your policy. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

G. PREMIUMS

We can change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given notice by mail 31 days prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Emergency Accident Rider – This rider provides a lump sum payment if You sustain an Injury for which You receive Emergency Care by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after an Injury.

On-the-Job Accident and Sickness Disability Income Rider – We will pay the Monthly Benefit if You are Totally Disabled and Actively Employed at the time Total Disability begins. The Elimination Period must be satisfied.

Retroactive Injury Benefit Rider – We will pay this rider's benefit if an Injury causes You to become Totally Disabled within 30 days of such Injury, and You are continuously Totally Disabled from the date of Your Injury until the end of the Elimination Period. The benefit is a lump sum amount equal to the Total Disability Monthly Benefit times the number of days in the Elimination Period divided by 30.

Spouse Accident-Only Disability Income Rider –

Monthly Benefit Payment. We will pay the Monthly Benefit if the Insured Person is Totally Disabled and the Elimination Period has been satisfied. We will pay Monthly Benefits while they are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Total Disability for Part of a Month. If the Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit for each day of Total Disability.

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533
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**Off-the-Job
Accident-Only Disability
Income Outline of Coverage**

A. READ YOUR POLICY CAREFULLY! This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance policy and only the actual policy will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

B. Disability income coverage is designed to provide coverage for disabilities resulting from a Covered Accident. Coverage is provided for the benefits described in the Benefits section below. The benefits described may be limited as outlined in the Exclusions section.

C. BENEFITS

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Total Disability for Part of a Month. If the Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period.

Partial Disability for Part of a Month. If the Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of Premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first.

D. LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

E. EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;

- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- having a hernia;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

F. RENEWABILITY

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change Your policy. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

G. PREMIUMS

We can change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given notice by mail 31 days prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Emergency Accident Rider – This rider provides You with a lump sum payment if You sustain an Injury for which You receive Emergency Care by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after an Injury.

On-the-Job Accident-Only Disability Income Rider – We will pay the Monthly Benefit if You are Totally Disabled and Actively Employed at the time Total Disability begins. The Elimination Period must be satisfied.

Retroactive Injury Benefit Rider – We will pay this rider's benefit if an Injury causes You to become Totally Disabled within 30 days of such Injury, and You are continuously Totally Disabled from the date of Your Injury until the end of the Elimination Period. The benefit is a lump sum amount equal to the Total Disability Monthly Benefit times the number of days in the Elimination Period divided by 30.

Spouse Accident-Only Disability Income Rider –

Monthly Benefit Payment. We will pay the Monthly Benefit if the Insured Person is Totally Disabled and the Elimination Period has been satisfied. We will pay Monthly Benefits while they are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Total Disability for Part of a Month. If the Insured Person's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit for each day of Total Disability.

DISABILITY INCOME

| Plans | Industry Class | Benefit Options | Riders | Premium Amt. |
|--|--|--|---|--------------|
| <input type="checkbox"/> Off-the-job Accident-only Disability Income <input type="checkbox"/> Off-the-job Accident and Sickness Disability Income | <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 | Monthly Benefit Amt. \$ _____ Benefit Period: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months | <input type="checkbox"/> Emergency Accident Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> On-the-job Disability Income Rider <input type="checkbox"/> Retroactive Injury Benefit Rider <input type="checkbox"/> Spouse Accident-only Disability Income Rider <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200 <input type="checkbox"/> Other (specify) _____ | |
| | | Accident-only Elimination: <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days | | |
| | | Accident/Sickness Elimination: <input type="checkbox"/> 0/7 days <input type="checkbox"/> 7/7 days <input type="checkbox"/> 0/14 days <input type="checkbox"/> 14/14 days <input type="checkbox"/> 30/30 days <input type="checkbox"/> 60/60 days <input type="checkbox"/> 90/90 days <input type="checkbox"/> 180/180 days | | |

HEALTH SECTION

Please answer the following questions.

- During the past **6 months**, has any Proposed Insured missed work for more than 5 consecutive days due to personal injury or illness (except pregnancy)? ☐ Yes ☐ No
- During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No
- During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), circulatory system, liver, lungs (including chronic obstructive pulmonary disease (COPD) and emphysema) or kidneys; high blood pressure with reading of 160/100 or higher; hepatitis (other than type A); stroke; transient ischemic attack (TIA); insulin dependent diabetes; cancer (excluding skin); Hodgkin's disease; leukemia; dementia; multiple sclerosis; muscular dystrophy; or alcohol or drug abuse? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No
- During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the back, neck knees, shoulder or joints; carpal tunnel syndrome; chronic fatigue, fibromyalgia; lupus; or asthma (requiring steroids)? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No

5. **DETAILS:** Enter complete details from questions 1-4 below. If additional space is needed, attach a separate sheet of paper.

| Question No. | Name (First, Middle, Last) | Relationship to Insured | Date(s) of Condition (MM/DD/YYYY) | Health Condition and Details | Medical Care Provider's Name/Address/Phone |
|--------------|----------------------------|-------------------------|-----------------------------------|------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |



| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Rate Information

Rate data applies to filing.

| | |
|--|---------|
| Filing Method: | Approve |
| Rate Change Type: | Neutral |
| Overall Percentage of Last Rate Revision: | 0.000% |
| Effective Date of Last Rate Revision: | |
| Filing Method of Last Filing: | |

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|---------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Assurity Life Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|-------------------------------|---------------|--|-------------|-------------------------|---------------------------------------|
| 1 | Approved-Closed 11/05/2012 | Attachment A | W H1206 (AR), W H1207 (AR), R W1208 (AR), R W1209, R W1210, R W1211, R W1212 | New | | Attachment A - DI Individual Plan.pdf |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form W H1206: Accident and Sickness Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident EP/Sickness EP | 3 Months | | | | | | | | 6 Months | | | | | | | |
|---|----------|-------|-------|-------|-------|-------|-------|---------|----------|-------|-------|-------|-------|-------|-------|---------|
| | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 31.44 | 29.42 | 25.07 | 20.96 | 11.55 | 8.59 | 3.10 | 2.73 | 38.53 | 36.09 | 30.93 | 25.93 | 15.45 | 11.81 | 5.06 | 4.45 |
| 50-59 | 36.40 | 32.65 | 29.95 | 24.11 | 14.93 | 12.19 | 7.11 | 6.26 | 47.77 | 43.72 | 39.53 | 32.90 | 22.16 | 18.58 | 11.92 | 10.49 |
| 60-69 | 42.64 | 38.89 | 38.58 | 32.73 | 23.28 | 19.40 | 12.20 | 10.74 | 58.87 | 54.82 | 53.72 | 47.10 | 35.63 | 30.46 | 20.86 | 18.36 |
| 70+ | 45.07 | 41.32 | 42.02 | 36.17 | 26.60 | 22.20 | 14.02 | 12.34 | 63.39 | 59.33 | 59.66 | 53.03 | 41.14 | 35.19 | 24.13 | 21.24 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 36.63 | 33.97 | 29.57 | 24.95 | 14.92 | 11.35 | 4.72 | 4.15 | 45.08 | 41.85 | 36.64 | 31.05 | 20.24 | 15.85 | 7.69 | 6.77 |
| 50-59 | 40.36 | 36.63 | 33.62 | 27.93 | 18.97 | 15.78 | 9.85 | 8.67 | 53.18 | 49.13 | 44.46 | 38.05 | 28.12 | 24.04 | 16.48 | 14.50 |
| 60-69 | 47.66 | 43.93 | 39.66 | 33.97 | 26.91 | 22.62 | 14.66 | 12.90 | 66.13 | 62.08 | 55.18 | 48.78 | 41.15 | 35.50 | 25.01 | 22.01 |
| 70+ | 50.71 | 46.97 | 42.09 | 36.40 | 30.11 | 25.28 | 16.31 | 14.36 | 71.69 | 67.64 | 59.66 | 53.25 | 46.53 | 40.05 | 28.03 | 24.67 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 40.05 | 37.11 | 34.64 | 29.44 | 18.91 | 14.78 | 7.12 | 6.27 | 49.42 | 45.86 | 43.10 | 36.84 | 25.91 | 20.90 | 11.60 | 10.21 |
| 50-59 | 43.32 | 39.73 | 38.41 | 32.58 | 24.54 | 20.70 | 13.56 | 11.94 | 57.36 | 53.42 | 51.12 | 44.47 | 36.38 | 31.58 | 22.66 | 19.94 |
| 60-69 | 51.98 | 48.40 | 45.75 | 39.92 | 33.04 | 28.86 | 21.09 | 18.56 | 72.67 | 68.73 | 64.17 | 57.51 | 50.57 | 45.45 | 35.93 | 31.62 |
| 70+ | 55.72 | 52.14 | 48.87 | 43.04 | 36.41 | 32.00 | 23.83 | 20.97 | 79.45 | 75.51 | 69.89 | 63.23 | 56.33 | 50.92 | 40.86 | 35.96 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 46.05 | 42.28 | 40.06 | 33.34 | 21.43 | 16.84 | 8.33 | 7.33 | 57.02 | 52.47 | 50.00 | 41.87 | 29.50 | 23.92 | 13.56 | 11.93 |
| 50-59 | 51.21 | 45.88 | 45.59 | 37.31 | 28.06 | 23.58 | 15.27 | 13.43 | 67.88 | 61.76 | 60.63 | 50.94 | 41.58 | 35.94 | 25.48 | 22.42 |
| 60-69 | 61.49 | 56.16 | 54.24 | 45.95 | 37.10 | 32.29 | 23.36 | 20.55 | 86.07 | 79.96 | 75.97 | 66.28 | 56.76 | 50.80 | 39.74 | 34.97 |
| 70+ | 65.97 | 60.64 | 57.94 | 49.66 | 40.66 | 35.63 | 26.28 | 23.13 | 94.22 | 88.11 | 82.74 | 73.05 | 62.90 | 56.64 | 45.02 | 39.62 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form W H1206: Accident and Sickness Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident EP/Sickness EP | 12 Months | | | | | | | | 24 Months | | | | | | | |
|---|-----------|--------|--------|--------|--------|-------|-------|---------|-----------|--------|--------|--------|--------|--------|--------|---------|
| | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 48.48 | 45.54 | 39.20 | 33.03 | 21.62 | 17.04 | 8.54 | 7.52 | 60.16 | 56.81 | 48.97 | 41.64 | 27.72 | 22.42 | 12.57 | 11.06 |
| 50-59 | 66.53 | 61.51 | 55.53 | 47.28 | 35.00 | 30.20 | 21.29 | 18.73 | 94.14 | 87.22 | 79.30 | 68.40 | 50.67 | 44.77 | 33.82 | 29.76 |
| 60-69 | 87.91 | 82.89 | 81.05 | 72.80 | 59.20 | 51.95 | 38.48 | 33.86 | 133.07 | 126.15 | 123.75 | 112.86 | 89.69 | 80.16 | 62.46 | 54.96 |
| 70+ | 97.12 | 92.10 | 92.38 | 84.13 | 69.58 | 60.99 | 45.05 | 39.64 | 150.53 | 143.61 | 144.34 | 133.44 | 107.02 | 95.36 | 73.70 | 64.86 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 56.93 | 53.03 | 46.58 | 39.76 | 28.66 | 23.17 | 12.99 | 11.43 | 70.81 | 66.37 | 58.31 | 50.32 | 36.96 | 30.70 | 19.08 | 16.79 |
| 50-59 | 74.19 | 69.12 | 62.42 | 54.43 | 44.25 | 39.03 | 29.34 | 25.82 | 105.13 | 97.90 | 89.04 | 78.27 | 63.76 | 57.69 | 46.41 | 40.84 |
| 60-69 | 98.92 | 93.84 | 82.96 | 74.97 | 68.13 | 60.38 | 45.99 | 40.47 | 149.89 | 142.66 | 126.27 | 115.50 | 102.76 | 92.83 | 74.39 | 65.46 |
| 70+ | 110.04 | 104.96 | 92.02 | 84.02 | 78.41 | 69.22 | 52.16 | 45.90 | 170.68 | 163.45 | 143.29 | 132.52 | 120.12 | 107.85 | 85.06 | 74.86 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 62.53 | 58.26 | 55.01 | 47.40 | 37.00 | 30.90 | 19.56 | 17.21 | 77.87 | 73.07 | 69.05 | 60.21 | 47.92 | 41.18 | 28.66 | 25.22 |
| 50-59 | 80.22 | 75.16 | 72.02 | 63.62 | 57.18 | 51.24 | 40.21 | 35.38 | 113.90 | 106.40 | 103.00 | 91.46 | 82.23 | 75.61 | 63.31 | 55.71 |
| 60-69 | 109.09 | 104.04 | 96.91 | 88.51 | 83.64 | 77.42 | 65.86 | 57.96 | 165.70 | 158.20 | 147.95 | 136.40 | 125.93 | 119.01 | 106.15 | 93.42 |
| 70+ | 122.44 | 117.38 | 108.31 | 99.90 | 94.83 | 88.16 | 75.77 | 66.67 | 190.37 | 182.88 | 169.16 | 157.62 | 145.01 | 137.34 | 123.10 | 108.33 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 72.34 | 66.89 | 63.93 | 54.06 | 42.29 | 35.49 | 22.86 | 20.12 | 90.25 | 84.17 | 80.32 | 68.87 | 54.90 | 47.40 | 33.49 | 29.47 |
| 50-59 | 94.87 | 86.86 | 85.23 | 72.80 | 65.28 | 58.22 | 45.12 | 39.71 | 134.67 | 122.83 | 121.70 | 104.50 | 93.70 | 85.71 | 70.87 | 62.36 |
| 60-69 | 129.03 | 121.03 | 114.31 | 101.89 | 93.71 | 86.36 | 72.70 | 63.98 | 195.73 | 183.89 | 173.99 | 156.78 | 140.81 | 132.44 | 116.91 | 102.88 |
| 70+ | 144.97 | 136.97 | 127.71 | 115.29 | 105.70 | 97.86 | 83.31 | 73.31 | 225.03 | 213.19 | 198.80 | 181.59 | 161.29 | 152.11 | 135.06 | 118.86 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form W H1207: Accident Only Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 3 Months | | | | | | | 6 Months | | | | | | | | |
|---|----------|-------|--|------|------|------|------|----------|-------|-------|--|-------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 7.25 | 5.24 | | 3.15 | 1.76 | 1.31 | 0.48 | 0.42 | 9.04 | 6.60 | | 4.03 | 2.49 | 1.89 | 0.78 | 0.68 |
| 50-59 | 8.99 | 5.24 | | 3.15 | 1.76 | 1.31 | 0.48 | 0.42 | 10.65 | 6.60 | | 4.03 | 2.49 | 1.89 | 0.78 | 0.68 |
| 60-69 | 8.99 | 5.24 | | 3.15 | 1.76 | 1.31 | 0.48 | 0.42 | 10.65 | 6.60 | | 4.03 | 2.49 | 1.89 | 0.78 | 0.68 |
| 70+ | 8.99 | 5.24 | | 3.15 | 1.76 | 1.31 | 0.48 | 0.42 | 10.65 | 6.60 | | 4.03 | 2.49 | 1.89 | 0.78 | 0.68 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 9.63 | 6.97 | | 5.01 | 3.10 | 2.40 | 1.10 | 0.97 | 12.02 | 8.79 | | 6.43 | 4.38 | 3.48 | 1.79 | 1.58 |
| 50-59 | 10.70 | 6.97 | | 5.01 | 3.10 | 2.40 | 1.10 | 0.97 | 12.84 | 8.79 | | 6.43 | 4.38 | 3.48 | 1.79 | 1.58 |
| 60-69 | 10.70 | 6.97 | | 5.01 | 3.10 | 2.40 | 1.10 | 0.97 | 12.84 | 8.79 | | 6.43 | 4.38 | 3.48 | 1.79 | 1.58 |
| 70+ | 10.70 | 6.97 | | 5.01 | 3.10 | 2.40 | 1.10 | 0.97 | 12.84 | 8.79 | | 6.43 | 4.38 | 3.48 | 1.79 | 1.58 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 11.58 | 8.64 | | 6.39 | 4.84 | 4.01 | 2.46 | 2.16 | 14.47 | 10.92 | | 8.21 | 6.86 | 5.86 | 4.00 | 3.52 |
| 50-59 | 12.22 | 8.64 | | 6.39 | 4.84 | 4.01 | 2.46 | 2.16 | 14.86 | 10.92 | | 8.21 | 6.86 | 5.86 | 4.00 | 3.52 |
| 60-69 | 12.22 | 8.64 | | 6.39 | 4.84 | 4.01 | 2.46 | 2.16 | 14.86 | 10.92 | | 8.21 | 6.86 | 5.86 | 4.00 | 3.52 |
| 70+ | 12.22 | 8.64 | | 6.39 | 4.84 | 4.01 | 2.46 | 2.16 | 14.86 | 10.92 | | 8.21 | 6.86 | 5.86 | 4.00 | 3.52 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 15.18 | 11.41 | | 8.46 | 6.27 | 5.22 | 3.27 | 2.88 | 19.00 | 14.45 | | 10.87 | 8.88 | 7.64 | 5.32 | 4.68 |
| 50-59 | 16.74 | 11.41 | | 8.46 | 6.27 | 5.22 | 3.27 | 2.88 | 20.57 | 14.45 | | 10.87 | 8.88 | 7.64 | 5.32 | 4.68 |
| 60-69 | 16.74 | 11.41 | | 8.46 | 6.27 | 5.22 | 3.27 | 2.88 | 20.57 | 14.45 | | 10.87 | 8.88 | 7.64 | 5.32 | 4.68 |
| 70+ | 16.74 | 11.41 | | 8.46 | 6.27 | 5.22 | 3.27 | 2.88 | 20.57 | 14.45 | | 10.87 | 8.88 | 7.64 | 5.32 | 4.68 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form W H1207: Accident Only Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 12 Months | | | | | | | 24 Months | | | | | | | | |
|---|-----------|-------|--|-------|-------|-------|------|-----------|-------|-------|--|-------|-------|-------|-------|-------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 11.46 | 8.52 | | 5.29 | 3.64 | 2.83 | 1.32 | 1.16 | 14.12 | 10.77 | | 6.79 | 4.77 | 3.78 | 1.95 | 1.71 |
| 50-59 | 13.54 | 8.52 | | 5.29 | 3.64 | 2.83 | 1.32 | 1.16 | 17.69 | 10.77 | | 6.79 | 4.77 | 3.78 | 1.95 | 1.71 |
| 60-69 | 13.54 | 8.52 | | 5.29 | 3.64 | 2.83 | 1.32 | 1.16 | 17.69 | 10.77 | | 6.79 | 4.77 | 3.78 | 1.95 | 1.71 |
| 70+ | 13.54 | 8.52 | | 5.29 | 3.64 | 2.83 | 1.32 | 1.16 | 17.69 | 10.77 | | 6.79 | 4.77 | 3.78 | 1.95 | 1.71 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 15.26 | 11.36 | | 8.44 | 6.41 | 5.22 | 3.01 | 2.65 | 18.84 | 14.39 | | 10.85 | 8.37 | 6.98 | 4.40 | 3.87 |
| 50-59 | 16.44 | 11.36 | | 8.44 | 6.41 | 5.22 | 3.01 | 2.65 | 21.62 | 14.39 | | 10.85 | 8.37 | 6.98 | 4.40 | 3.87 |
| 60-69 | 16.44 | 11.36 | | 8.44 | 6.41 | 5.22 | 3.01 | 2.65 | 21.62 | 14.39 | | 10.85 | 8.37 | 6.98 | 4.40 | 3.87 |
| 70+ | 16.44 | 11.36 | | 8.44 | 6.41 | 5.22 | 3.01 | 2.65 | 21.62 | 14.39 | | 10.85 | 8.37 | 6.98 | 4.40 | 3.87 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 18.40 | 14.13 | | 10.79 | 10.05 | 8.88 | 6.71 | 5.90 | 22.73 | 17.93 | | 13.89 | 13.14 | 11.95 | 9.73 | 8.57 |
| 50-59 | 19.19 | 14.13 | | 10.79 | 10.05 | 8.88 | 6.71 | 5.90 | 25.43 | 17.93 | | 13.89 | 13.14 | 11.95 | 9.73 | 8.57 |
| 60-69 | 19.19 | 14.13 | | 10.79 | 10.05 | 8.88 | 6.71 | 5.90 | 25.43 | 17.93 | | 13.89 | 13.14 | 11.95 | 9.73 | 8.57 |
| 70+ | 19.19 | 14.13 | | 10.79 | 10.05 | 8.88 | 6.71 | 5.90 | 25.43 | 17.93 | | 13.89 | 13.14 | 11.95 | 9.73 | 8.57 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 24.18 | 18.73 | | 14.31 | 13.02 | 11.59 | 8.93 | 7.86 | 29.90 | 23.81 | | 18.45 | 17.02 | 15.61 | 12.97 | 11.42 |
| 50-59 | 26.74 | 18.73 | | 14.31 | 13.02 | 11.59 | 8.93 | 7.86 | 35.65 | 23.81 | | 18.45 | 17.02 | 15.61 | 12.97 | 11.42 |
| 60-69 | 26.74 | 18.73 | | 14.31 | 13.02 | 11.59 | 8.93 | 7.86 | 35.65 | 23.81 | | 18.45 | 17.02 | 15.61 | 12.97 | 11.42 |
| 70+ | 26.74 | 18.73 | | 14.31 | 13.02 | 11.59 | 8.93 | 7.86 | 35.65 | 23.81 | | 18.45 | 17.02 | 15.61 | 12.97 | 11.42 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1209: Accident and Sickness On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident EP/Sickness EP | 3 Months | | | | | | | | 6 Months | | | | | | | |
|---|----------|-------|-------|-------|-------|-------|-------|---------|----------|-------|-------|-------|-------|-------|-------|---------|
| | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 5.63 | 4.63 | 5.05 | 3.00 | 1.63 | 1.23 | 0.50 | 0.44 | 7.06 | 5.84 | 6.35 | 3.85 | 2.31 | 1.79 | 0.82 | 0.72 |
| 50-59 | 7.24 | 5.36 | 6.59 | 3.67 | 2.20 | 1.74 | 0.90 | 0.79 | 9.04 | 7.01 | 8.21 | 4.90 | 3.21 | 2.61 | 1.50 | 1.32 |
| 60-69 | 7.86 | 5.98 | 7.46 | 4.53 | 3.03 | 2.46 | 1.41 | 1.24 | 10.15 | 8.12 | 9.63 | 6.32 | 4.56 | 3.80 | 2.40 | 2.11 |
| 70+ | 8.10 | 6.23 | 7.80 | 4.88 | 3.36 | 2.74 | 1.59 | 1.40 | 10.60 | 8.57 | 10.23 | 6.92 | 5.11 | 4.27 | 2.72 | 2.40 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 7.11 | 5.77 | 6.45 | 4.14 | 2.50 | 1.95 | 0.91 | 0.80 | 8.90 | 7.29 | 8.11 | 5.32 | 3.55 | 2.83 | 1.49 | 1.31 |
| 50-59 | 8.32 | 6.45 | 7.64 | 4.80 | 3.14 | 2.54 | 1.43 | 1.25 | 10.45 | 8.43 | 9.58 | 6.38 | 4.57 | 3.80 | 2.36 | 2.08 |
| 60-69 | 9.05 | 7.18 | 8.25 | 5.40 | 3.93 | 3.22 | 1.91 | 1.68 | 11.75 | 9.72 | 10.65 | 7.45 | 5.87 | 4.94 | 3.22 | 2.83 |
| 70+ | 9.35 | 7.48 | 8.49 | 5.65 | 4.25 | 3.49 | 2.07 | 1.82 | 12.30 | 10.28 | 11.10 | 7.90 | 6.41 | 5.40 | 3.52 | 3.10 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 8.23 | 6.76 | 7.74 | 5.14 | 3.60 | 2.93 | 1.70 | 1.49 | 10.32 | 8.54 | 9.74 | 6.61 | 5.11 | 4.28 | 2.76 | 2.43 |
| 50-59 | 9.22 | 7.43 | 8.73 | 5.81 | 4.39 | 3.67 | 2.34 | 2.06 | 11.68 | 9.71 | 11.06 | 7.73 | 6.38 | 5.50 | 3.87 | 3.40 |
| 60-69 | 10.09 | 8.29 | 9.46 | 6.55 | 5.24 | 4.49 | 3.09 | 2.72 | 13.21 | 11.24 | 12.36 | 9.03 | 7.80 | 6.89 | 5.19 | 4.57 |
| 70+ | 10.46 | 8.67 | 9.78 | 6.86 | 5.58 | 4.80 | 3.37 | 2.96 | 13.89 | 11.92 | 12.93 | 9.61 | 8.38 | 7.44 | 5.69 | 5.00 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 10.27 | 8.38 | 9.72 | 6.36 | 4.42 | 3.62 | 2.14 | 1.88 | 12.89 | 10.62 | 12.24 | 8.18 | 6.27 | 5.30 | 3.48 | 3.07 |
| 50-59 | 11.82 | 9.15 | 11.26 | 7.11 | 5.31 | 4.45 | 2.84 | 2.50 | 15.01 | 11.96 | 14.29 | 9.44 | 7.71 | 6.65 | 4.68 | 4.12 |
| 60-69 | 12.84 | 10.18 | 12.12 | 7.98 | 6.22 | 5.32 | 3.64 | 3.21 | 16.83 | 13.78 | 15.82 | 10.98 | 9.23 | 8.13 | 6.10 | 5.37 |
| 70+ | 13.29 | 10.63 | 12.49 | 8.35 | 6.57 | 5.65 | 3.94 | 3.47 | 17.65 | 14.59 | 16.50 | 11.65 | 9.84 | 8.72 | 6.63 | 5.84 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1209: Accident and Sickness On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident EP/Sickness EP | 12 Months | | | | | | | | 24 Months | | | | | | | |
|---|-----------|-------|-------|-------|-------|-------|-------|---------|-----------|-------|-------|-------|-------|-------|-------|---------|
| | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 | 00/07 | 07/07 | 0/14 | 14/14 | 30/30 | 60/60 | 90/90 | 180/180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 9.02 | 7.55 | 8.15 | 5.06 | 3.39 | 2.69 | 1.38 | 1.22 | 11.25 | 9.58 | 10.19 | 6.53 | 4.45 | 3.60 | 2.04 | 1.79 |
| 50-59 | 12.07 | 9.56 | 10.97 | 6.84 | 4.96 | 4.15 | 2.66 | 2.34 | 16.49 | 13.03 | 15.00 | 9.56 | 6.97 | 5.99 | 4.16 | 3.66 |
| 60-69 | 14.21 | 11.70 | 13.52 | 9.40 | 7.38 | 6.33 | 4.37 | 3.85 | 20.38 | 16.93 | 19.45 | 14.00 | 10.88 | 9.53 | 7.02 | 6.18 |
| 70+ | 15.13 | 12.62 | 14.65 | 10.53 | 8.41 | 7.23 | 5.03 | 4.43 | 22.13 | 18.67 | 21.51 | 16.06 | 12.61 | 11.05 | 8.15 | 7.17 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 11.39 | 9.44 | 10.41 | 7.00 | 5.20 | 4.26 | 2.50 | 2.20 | 14.20 | 11.98 | 13.01 | 9.02 | 6.81 | 5.71 | 3.67 | 3.23 |
| 50-59 | 13.99 | 11.46 | 12.82 | 8.82 | 6.99 | 5.99 | 4.14 | 3.64 | 19.16 | 15.55 | 17.55 | 12.17 | 9.72 | 8.56 | 6.40 | 5.63 |
| 60-69 | 16.47 | 13.93 | 14.87 | 10.87 | 9.38 | 8.13 | 5.80 | 5.11 | 23.64 | 20.02 | 21.27 | 15.89 | 13.62 | 12.07 | 9.20 | 8.09 |
| 70+ | 17.58 | 15.04 | 15.78 | 11.78 | 10.41 | 9.01 | 6.42 | 5.65 | 25.72 | 22.10 | 22.98 | 17.59 | 15.36 | 13.58 | 10.27 | 9.03 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 13.20 | 11.07 | 12.51 | 8.70 | 7.49 | 6.49 | 4.64 | 4.08 | 16.47 | 14.07 | 15.64 | 11.22 | 9.82 | 8.75 | 6.76 | 5.95 |
| 50-59 | 15.70 | 13.17 | 14.88 | 10.68 | 9.74 | 8.68 | 6.70 | 5.90 | 21.56 | 17.81 | 20.47 | 14.70 | 13.48 | 12.34 | 10.23 | 9.00 |
| 60-69 | 18.59 | 16.06 | 17.37 | 13.17 | 12.39 | 11.29 | 9.27 | 8.16 | 26.74 | 22.99 | 24.97 | 19.20 | 17.85 | 16.68 | 14.51 | 12.77 |
| 70+ | 19.92 | 17.39 | 18.51 | 14.31 | 13.50 | 12.37 | 10.26 | 9.03 | 29.21 | 25.46 | 27.09 | 21.32 | 19.76 | 18.51 | 16.20 | 14.26 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 16.49 | 13.77 | 15.71 | 10.78 | 9.21 | 8.03 | 5.86 | 5.16 | 20.58 | 17.53 | 19.64 | 13.91 | 12.07 | 10.83 | 8.54 | 7.51 |
| 50-59 | 20.18 | 16.18 | 19.22 | 13.01 | 11.73 | 10.46 | 8.09 | 7.12 | 27.73 | 21.81 | 26.43 | 17.83 | 16.18 | 14.81 | 12.28 | 10.80 |
| 60-69 | 23.60 | 19.60 | 22.13 | 15.91 | 14.58 | 13.27 | 10.84 | 9.54 | 33.83 | 27.91 | 31.66 | 23.06 | 20.89 | 19.49 | 16.88 | 14.86 |
| 70+ | 25.19 | 21.19 | 23.47 | 17.25 | 15.78 | 14.42 | 11.90 | 10.48 | 36.76 | 30.84 | 34.14 | 25.54 | 22.94 | 21.45 | 18.70 | 16.45 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1210: Accident Only On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 3 Months | | | | | | | 6 Months | | | | | | | | |
|---|----------|------|--|------|------|------|------|----------|-------|------|--|------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 3.63 | 2.62 | | 1.57 | 0.88 | 0.66 | 0.24 | 0.21 | 4.52 | 3.30 | | 2.02 | 1.24 | 0.94 | 0.39 | 0.34 |
| 50-59 | 4.50 | 2.62 | | 1.57 | 0.88 | 0.66 | 0.24 | 0.21 | 5.33 | 3.30 | | 2.02 | 1.24 | 0.94 | 0.39 | 0.34 |
| 60-69 | 4.50 | 2.62 | | 1.57 | 0.88 | 0.66 | 0.24 | 0.21 | 5.33 | 3.30 | | 2.02 | 1.24 | 0.94 | 0.39 | 0.34 |
| 70+ | 4.50 | 2.62 | | 1.57 | 0.88 | 0.66 | 0.24 | 0.21 | 5.33 | 3.30 | | 2.02 | 1.24 | 0.94 | 0.39 | 0.34 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 4.82 | 3.48 | | 2.51 | 1.55 | 1.20 | 0.55 | 0.48 | 6.01 | 4.39 | | 3.21 | 2.19 | 1.74 | 0.90 | 0.79 |
| 50-59 | 5.35 | 3.48 | | 2.51 | 1.55 | 1.20 | 0.55 | 0.48 | 6.42 | 4.39 | | 3.21 | 2.19 | 1.74 | 0.90 | 0.79 |
| 60-69 | 5.35 | 3.48 | | 2.51 | 1.55 | 1.20 | 0.55 | 0.48 | 6.42 | 4.39 | | 3.21 | 2.19 | 1.74 | 0.90 | 0.79 |
| 70+ | 5.35 | 3.48 | | 2.51 | 1.55 | 1.20 | 0.55 | 0.48 | 6.42 | 4.39 | | 3.21 | 2.19 | 1.74 | 0.90 | 0.79 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 5.79 | 4.32 | | 3.19 | 2.42 | 2.00 | 1.23 | 1.08 | 7.24 | 5.46 | | 4.10 | 3.43 | 2.93 | 2.00 | 1.76 |
| 50-59 | 6.11 | 4.32 | | 3.19 | 2.42 | 2.00 | 1.23 | 1.08 | 7.43 | 5.46 | | 4.10 | 3.43 | 2.93 | 2.00 | 1.76 |
| 60-69 | 6.11 | 4.32 | | 3.19 | 2.42 | 2.00 | 1.23 | 1.08 | 7.43 | 5.46 | | 4.10 | 3.43 | 2.93 | 2.00 | 1.76 |
| 70+ | 6.11 | 4.32 | | 3.19 | 2.42 | 2.00 | 1.23 | 1.08 | 7.43 | 5.46 | | 4.10 | 3.43 | 2.93 | 2.00 | 1.76 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 7.59 | 5.71 | | 4.23 | 3.13 | 2.61 | 1.64 | 1.44 | 9.50 | 7.23 | | 5.44 | 4.44 | 3.82 | 2.66 | 2.34 |
| 50-59 | 8.37 | 5.71 | | 4.23 | 3.13 | 2.61 | 1.64 | 1.44 | 10.28 | 7.23 | | 5.44 | 4.44 | 3.82 | 2.66 | 2.34 |
| 60-69 | 8.37 | 5.71 | | 4.23 | 3.13 | 2.61 | 1.64 | 1.44 | 10.28 | 7.23 | | 5.44 | 4.44 | 3.82 | 2.66 | 2.34 |
| 70+ | 8.37 | 5.71 | | 4.23 | 3.13 | 2.61 | 1.64 | 1.44 | 10.28 | 7.23 | | 5.44 | 4.44 | 3.82 | 2.66 | 2.34 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1210: Accident Only On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 12 Months | | | | | | | 24 Months | | | | | | | | |
|---|-----------|------|--|------|------|------|------|-----------|-------|-------|--|------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | 5.73 | 4.26 | | 2.64 | 1.82 | 1.41 | 0.66 | 0.58 | 7.06 | 5.39 | | 3.40 | 2.38 | 1.89 | 0.97 | 0.86 |
| 50-59 | 6.77 | 4.26 | | 2.64 | 1.82 | 1.41 | 0.66 | 0.58 | 8.84 | 5.39 | | 3.40 | 2.38 | 1.89 | 0.97 | 0.86 |
| 60-69 | 6.77 | 4.26 | | 2.64 | 1.82 | 1.41 | 0.66 | 0.58 | 8.84 | 5.39 | | 3.40 | 2.38 | 1.89 | 0.97 | 0.86 |
| 70+ | 6.77 | 4.26 | | 2.64 | 1.82 | 1.41 | 0.66 | 0.58 | 8.84 | 5.39 | | 3.40 | 2.38 | 1.89 | 0.97 | 0.86 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | 7.63 | 5.68 | | 4.22 | 3.21 | 2.61 | 1.51 | 1.33 | 9.42 | 7.20 | | 5.43 | 4.18 | 3.49 | 2.20 | 1.93 |
| 50-59 | 8.22 | 5.68 | | 4.22 | 3.21 | 2.61 | 1.51 | 1.33 | 10.81 | 7.20 | | 5.43 | 4.18 | 3.49 | 2.20 | 1.93 |
| 60-69 | 8.22 | 5.68 | | 4.22 | 3.21 | 2.61 | 1.51 | 1.33 | 10.81 | 7.20 | | 5.43 | 4.18 | 3.49 | 2.20 | 1.93 |
| 70+ | 8.22 | 5.68 | | 4.22 | 3.21 | 2.61 | 1.51 | 1.33 | 10.81 | 7.20 | | 5.43 | 4.18 | 3.49 | 2.20 | 1.93 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | 9.20 | 7.07 | | 5.40 | 5.03 | 4.44 | 3.35 | 2.95 | 11.36 | 8.97 | | 6.94 | 6.57 | 5.97 | 4.87 | 4.28 |
| 50-59 | 9.60 | 7.07 | | 5.40 | 5.03 | 4.44 | 3.35 | 2.95 | 12.72 | 8.97 | | 6.94 | 6.57 | 5.97 | 4.87 | 4.28 |
| 60-69 | 9.60 | 7.07 | | 5.40 | 5.03 | 4.44 | 3.35 | 2.95 | 12.72 | 8.97 | | 6.94 | 6.57 | 5.97 | 4.87 | 4.28 |
| 70+ | 9.60 | 7.07 | | 5.40 | 5.03 | 4.44 | 3.35 | 2.95 | 12.72 | 8.97 | | 6.94 | 6.57 | 5.97 | 4.87 | 4.28 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | 12.09 | 9.37 | | 7.16 | 6.51 | 5.79 | 4.47 | 3.93 | 14.95 | 11.91 | | 9.22 | 8.51 | 7.80 | 6.49 | 5.71 |
| 50-59 | 13.37 | 9.37 | | 7.16 | 6.51 | 5.79 | 4.47 | 3.93 | 17.83 | 11.91 | | 9.22 | 8.51 | 7.80 | 6.49 | 5.71 |
| 60-69 | 13.37 | 9.37 | | 7.16 | 6.51 | 5.79 | 4.47 | 3.93 | 17.83 | 11.91 | | 9.22 | 8.51 | 7.80 | 6.49 | 5.71 |
| 70+ | 13.37 | 9.37 | | 7.16 | 6.51 | 5.79 | 4.47 | 3.93 | 17.83 | 11.91 | | 9.22 | 8.51 | 7.80 | 6.49 | 5.71 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1211: Retroactive Injury Rider on Accident and Sickness or Accident Only Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 3 Months | | | | | | | 6 Months | | | | | | | | |
|---|----------|------|------|--|------|------|------|----------|----|------|--|------|------|------|------|------|
| | 00 | 07 | 14 | | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.82 | 0.98 | | 1.02 | 0.98 | 0.70 | 0.71 | - | 0.74 | | 0.89 | 0.93 | 0.90 | 0.64 | 0.65 |
| 50-59 | - | 0.82 | 0.98 | | 1.02 | 0.98 | 0.70 | 0.71 | - | 0.74 | | 0.89 | 0.93 | 0.90 | 0.64 | 0.65 |
| 60-69 | - | 0.82 | 0.98 | | 1.02 | 0.98 | 0.70 | 0.71 | - | 0.74 | | 0.89 | 0.93 | 0.90 | 0.64 | 0.65 |
| 70+ | - | 0.82 | 0.98 | | 1.02 | 0.98 | 0.70 | 0.71 | - | 0.74 | | 0.89 | 0.93 | 0.90 | 0.64 | 0.65 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.99 | 1.40 | | 1.76 | 1.84 | 1.56 | 1.59 | - | 0.90 | | 1.27 | 1.61 | 1.68 | 1.42 | 1.45 |
| 50-59 | - | 0.99 | 1.40 | | 1.76 | 1.84 | 1.56 | 1.59 | - | 0.90 | | 1.27 | 1.61 | 1.68 | 1.42 | 1.45 |
| 60-69 | - | 0.99 | 1.40 | | 1.76 | 1.84 | 1.56 | 1.59 | - | 0.90 | | 1.27 | 1.61 | 1.68 | 1.42 | 1.45 |
| 70+ | - | 0.99 | 1.40 | | 1.76 | 1.84 | 1.56 | 1.59 | - | 0.90 | | 1.27 | 1.61 | 1.68 | 1.42 | 1.45 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | - | 1.16 | 1.67 | | 2.29 | 2.74 | 2.95 | 3.02 | - | 1.05 | | 1.51 | 2.09 | 2.51 | 2.70 | 2.76 |
| 50-59 | - | 1.16 | 1.67 | | 2.29 | 2.74 | 2.95 | 3.02 | - | 1.05 | | 1.51 | 2.09 | 2.51 | 2.70 | 2.76 |
| 60-69 | - | 1.16 | 1.67 | | 2.29 | 2.74 | 2.95 | 3.02 | - | 1.05 | | 1.51 | 2.09 | 2.51 | 2.70 | 2.76 |
| 70+ | - | 1.16 | 1.67 | | 2.29 | 2.74 | 2.95 | 3.02 | - | 1.05 | | 1.51 | 2.09 | 2.51 | 2.70 | 2.76 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | - | 1.52 | 2.20 | | 3.01 | 3.60 | 3.88 | 3.96 | - | 1.37 | | 1.99 | 2.75 | 3.29 | 3.54 | 3.62 |
| 50-59 | - | 1.52 | 2.20 | | 3.01 | 3.60 | 3.88 | 3.96 | - | 1.37 | | 1.99 | 2.75 | 3.29 | 3.54 | 3.62 |
| 60-69 | - | 1.52 | 2.20 | | 3.01 | 3.60 | 3.88 | 3.96 | - | 1.37 | | 1.99 | 2.75 | 3.29 | 3.54 | 3.62 |
| 70+ | - | 1.52 | 2.20 | | 3.01 | 3.60 | 3.88 | 3.96 | - | 1.37 | | 1.99 | 2.75 | 3.29 | 3.54 | 3.62 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1211: Retroactive Injury Rider on Accident and Sickness or Accident Only Base, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 12 Months | | | | | | | 24 Months | | | | | | | | |
|---|-----------|------|--|------|------|------|------|-----------|----|------|--|------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.76 | | 0.91 | 0.95 | 0.92 | 0.65 | 0.66 | - | 0.79 | | 0.94 | 0.89 | 0.86 | 0.61 | 0.62 |
| 50-59 | - | 0.76 | | 0.91 | 0.95 | 0.92 | 0.65 | 0.66 | - | 0.79 | | 0.94 | 0.89 | 0.86 | 0.61 | 0.62 |
| 60-69 | - | 0.76 | | 0.91 | 0.95 | 0.92 | 0.65 | 0.66 | - | 0.79 | | 0.94 | 0.89 | 0.86 | 0.61 | 0.62 |
| 70+ | - | 0.76 | | 0.91 | 0.95 | 0.92 | 0.65 | 0.66 | - | 0.79 | | 0.94 | 0.89 | 0.86 | 0.61 | 0.62 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.92 | | 1.30 | 1.64 | 1.71 | 1.45 | 1.48 | - | 0.95 | | 1.34 | 1.54 | 1.60 | 1.36 | 1.39 |
| 50-59 | - | 0.92 | | 1.30 | 1.64 | 1.71 | 1.45 | 1.48 | - | 0.95 | | 1.34 | 1.54 | 1.60 | 1.36 | 1.39 |
| 60-69 | - | 0.92 | | 1.30 | 1.64 | 1.71 | 1.45 | 1.48 | - | 0.95 | | 1.34 | 1.54 | 1.60 | 1.36 | 1.39 |
| 70+ | - | 0.92 | | 1.30 | 1.64 | 1.71 | 1.45 | 1.48 | - | 0.95 | | 1.34 | 1.54 | 1.60 | 1.36 | 1.39 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | - | 1.07 | | 1.55 | 2.14 | 2.56 | 2.75 | 2.81 | - | 1.10 | | 1.60 | 2.00 | 2.39 | 2.57 | 2.63 |
| 50-59 | - | 1.07 | | 1.55 | 2.14 | 2.56 | 2.75 | 2.81 | - | 1.10 | | 1.60 | 2.00 | 2.39 | 2.57 | 2.63 |
| 60-69 | - | 1.07 | | 1.55 | 2.14 | 2.56 | 2.75 | 2.81 | - | 1.10 | | 1.60 | 2.00 | 2.39 | 2.57 | 2.63 |
| 70+ | - | 1.07 | | 1.55 | 2.14 | 2.56 | 2.75 | 2.81 | - | 1.10 | | 1.60 | 2.00 | 2.39 | 2.57 | 2.63 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | - | 1.41 | | 2.03 | 2.80 | 3.35 | 3.61 | 3.69 | - | 1.45 | | 2.10 | 2.63 | 3.14 | 3.38 | 3.46 |
| 50-59 | - | 1.41 | | 2.03 | 2.80 | 3.35 | 3.61 | 3.69 | - | 1.45 | | 2.10 | 2.63 | 3.14 | 3.38 | 3.46 |
| 60-69 | - | 1.41 | | 2.03 | 2.80 | 3.35 | 3.61 | 3.69 | - | 1.45 | | 2.10 | 2.63 | 3.14 | 3.38 | 3.46 |
| 70+ | - | 1.41 | | 2.03 | 2.80 | 3.35 | 3.61 | 3.69 | - | 1.45 | | 2.10 | 2.63 | 3.14 | 3.38 | 3.46 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1211: Retroactive Injury Rider on On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 3 Months | | | | | | | 6 Months | | | | | | | | |
|---|----------|------|--|------|------|------|------|----------|----|------|--|------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.41 | | 0.49 | 0.51 | 0.49 | 0.35 | 0.36 | - | 0.37 | | 0.44 | 0.46 | 0.45 | 0.32 | 0.33 |
| 50-59 | - | 0.41 | | 0.49 | 0.51 | 0.49 | 0.35 | 0.36 | - | 0.37 | | 0.44 | 0.46 | 0.45 | 0.32 | 0.33 |
| 60-69 | - | 0.41 | | 0.49 | 0.51 | 0.49 | 0.35 | 0.36 | - | 0.37 | | 0.44 | 0.46 | 0.45 | 0.32 | 0.33 |
| 70+ | - | 0.41 | | 0.49 | 0.51 | 0.49 | 0.35 | 0.36 | - | 0.37 | | 0.44 | 0.46 | 0.45 | 0.32 | 0.33 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.50 | | 0.70 | 0.88 | 0.92 | 0.78 | 0.80 | - | 0.45 | | 0.64 | 0.80 | 0.84 | 0.71 | 0.73 |
| 50-59 | - | 0.50 | | 0.70 | 0.88 | 0.92 | 0.78 | 0.80 | - | 0.45 | | 0.64 | 0.80 | 0.84 | 0.71 | 0.73 |
| 60-69 | - | 0.50 | | 0.70 | 0.88 | 0.92 | 0.78 | 0.80 | - | 0.45 | | 0.64 | 0.80 | 0.84 | 0.71 | 0.73 |
| 70+ | - | 0.50 | | 0.70 | 0.88 | 0.92 | 0.78 | 0.80 | - | 0.45 | | 0.64 | 0.80 | 0.84 | 0.71 | 0.73 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.58 | | 0.84 | 1.15 | 1.37 | 1.48 | 1.51 | - | 0.52 | | 0.76 | 1.05 | 1.25 | 1.35 | 1.38 |
| 50-59 | - | 0.58 | | 0.84 | 1.15 | 1.37 | 1.48 | 1.51 | - | 0.52 | | 0.76 | 1.05 | 1.25 | 1.35 | 1.38 |
| 60-69 | - | 0.58 | | 0.84 | 1.15 | 1.37 | 1.48 | 1.51 | - | 0.52 | | 0.76 | 1.05 | 1.25 | 1.35 | 1.38 |
| 70+ | - | 0.58 | | 0.84 | 1.15 | 1.37 | 1.48 | 1.51 | - | 0.52 | | 0.76 | 1.05 | 1.25 | 1.35 | 1.38 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.76 | | 1.10 | 1.50 | 1.80 | 1.94 | 1.98 | - | 0.69 | | 0.99 | 1.37 | 1.64 | 1.77 | 1.81 |
| 50-59 | - | 0.76 | | 1.10 | 1.50 | 1.80 | 1.94 | 1.98 | - | 0.69 | | 0.99 | 1.37 | 1.64 | 1.77 | 1.81 |
| 60-69 | - | 0.76 | | 1.10 | 1.50 | 1.80 | 1.94 | 1.98 | - | 0.69 | | 0.99 | 1.37 | 1.64 | 1.77 | 1.81 |
| 70+ | - | 0.76 | | 1.10 | 1.50 | 1.80 | 1.94 | 1.98 | - | 0.69 | | 0.99 | 1.37 | 1.64 | 1.77 | 1.81 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1211: Retroactive Injury Rider on On-Job Rider, Annual Premiums per \$100 Monthly Benefit

| Benefit Period Accident Elimination Period | 12 Months | | | | | | | 24 Months | | | | | | | | |
|---|-----------|------|--|------|------|------|------|-----------|----|------|--|------|------|------|------|------|
| | 00 | 07 | | 14 | 30 | 60 | 90 | 180 | 00 | 07 | | 14 | 30 | 60 | 90 | 180 |
| Class 1 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.38 | | 0.46 | 0.47 | 0.46 | 0.32 | 0.33 | - | 0.39 | | 0.47 | 0.44 | 0.43 | 0.30 | 0.31 |
| 50-59 | - | 0.38 | | 0.46 | 0.47 | 0.46 | 0.32 | 0.33 | - | 0.39 | | 0.47 | 0.44 | 0.43 | 0.30 | 0.31 |
| 60-69 | - | 0.38 | | 0.46 | 0.47 | 0.46 | 0.32 | 0.33 | - | 0.39 | | 0.47 | 0.44 | 0.43 | 0.30 | 0.31 |
| 70+ | - | 0.38 | | 0.46 | 0.47 | 0.46 | 0.32 | 0.33 | - | 0.39 | | 0.47 | 0.44 | 0.43 | 0.30 | 0.31 |
| Class 2 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.46 | | 0.65 | 0.82 | 0.86 | 0.72 | 0.74 | - | 0.48 | | 0.67 | 0.77 | 0.80 | 0.68 | 0.69 |
| 50-59 | - | 0.46 | | 0.65 | 0.82 | 0.86 | 0.72 | 0.74 | - | 0.48 | | 0.67 | 0.77 | 0.80 | 0.68 | 0.69 |
| 60-69 | - | 0.46 | | 0.65 | 0.82 | 0.86 | 0.72 | 0.74 | - | 0.48 | | 0.67 | 0.77 | 0.80 | 0.68 | 0.69 |
| 70+ | - | 0.46 | | 0.65 | 0.82 | 0.86 | 0.72 | 0.74 | - | 0.48 | | 0.67 | 0.77 | 0.80 | 0.68 | 0.69 |
| Class 3 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.54 | | 0.78 | 1.07 | 1.28 | 1.37 | 1.41 | - | 0.55 | | 0.80 | 1.00 | 1.20 | 1.29 | 1.32 |
| 50-59 | - | 0.54 | | 0.78 | 1.07 | 1.28 | 1.37 | 1.41 | - | 0.55 | | 0.80 | 1.00 | 1.20 | 1.29 | 1.32 |
| 60-69 | - | 0.54 | | 0.78 | 1.07 | 1.28 | 1.37 | 1.41 | - | 0.55 | | 0.80 | 1.00 | 1.20 | 1.29 | 1.32 |
| 70+ | - | 0.54 | | 0.78 | 1.07 | 1.28 | 1.37 | 1.41 | - | 0.55 | | 0.80 | 1.00 | 1.20 | 1.29 | 1.32 |
| Class 4 | | | | | | | | | | | | | | | | |
| 18-49 | - | 0.70 | | 1.02 | 1.40 | 1.68 | 1.80 | 1.85 | - | 0.72 | | 1.05 | 1.31 | 1.57 | 1.69 | 1.73 |
| 50-59 | - | 0.70 | | 1.02 | 1.40 | 1.68 | 1.80 | 1.85 | - | 0.72 | | 1.05 | 1.31 | 1.57 | 1.69 | 1.73 |
| 60-69 | - | 0.70 | | 1.02 | 1.40 | 1.68 | 1.80 | 1.85 | - | 0.72 | | 1.05 | 1.31 | 1.57 | 1.69 | 1.73 |
| 70+ | - | 0.70 | | 1.02 | 1.40 | 1.68 | 1.80 | 1.85 | - | 0.72 | | 1.05 | 1.31 | 1.57 | 1.69 | 1.73 |

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R W1212: Spouse Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period 6 months
Accident Elimination Period 7 days

Class 1

| | |
|-------|-------|
| 18-49 | 11.79 |
| 50-59 | 11.79 |
| 60-69 | 11.79 |
| 70+ | 11.79 |

Class 2

| | |
|-------|-------|
| 18-49 | 15.11 |
| 50-59 | 15.11 |
| 60-69 | 15.11 |
| 70+ | 15.11 |

Class 3

| | |
|-------|-------|
| 18-49 | 18.33 |
| 50-59 | 18.33 |
| 60-69 | 18.33 |
| 70+ | 18.33 |

Class 4

| | |
|-------|-------|
| 18-49 | 24.32 |
| 50-59 | 24.32 |
| 60-69 | 24.32 |
| 70+ | 24.32 |

Rider Form R W1208: Emergency Accident Rider, Annual Premiums per \$100 Lump Sum Benefit

All Classes

| | |
|-------|------|
| 18-49 | 8.11 |
| 50-59 | 8.11 |
| 60-69 | 8.11 |
| 70+ | 8.11 |

| | | | |
|-----------------------------|---|------------------------|---------------------------------|
| State: | Arkansas | Filing Company: | Assurity Life Insurance Company |
| TOI/Sub-TOI: | H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups | | |
| Product Name: | Ind DI PRO | | |
| Project Name/Number: | Ind DI PRO Forms/Ind DI PRO | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------------|----------------------|-----------------|--------------|
| Satisfied - Item: | Flesch Certification | Approved-Closed | 11/05/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Readability Certification.pdf | | | |

| | | Item Status: | Status Date: |
|------------------|---|-----------------|--------------|
| Bypassed - Item: | Application | Approved-Closed | 11/05/2012 |
| Bypass Reason: | This information is included within the filing description. | | |

| | | Item Status: | Status Date: |
|------------------|---|-----------------|--------------|
| Bypassed - Item: | Outline of Coverage | Approved-Closed | 11/05/2012 |
| Bypass Reason: | This is included under the forms schedule | | |

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): W H1206 et al

Type of Form: Disability Income

| Form No. | Description | Flesch Score |
|-----------------------|--|--------------|
| W H1206 (AR) | Off-the-Job Accident and Sickness Disability Income Policy | 50.3 |
| W H1207 (AR) | Off-the-Job Accident-Only Disability Income Policy | 52.0 |
| R W1208 (AR) | Emergency Accident Rider | 52.4 |
| R W1209 | On-the-Job Accident and Sickness Disability Income Rider | 52.6 |
| R W1210 | On-the-Job Accident-Only Disability Income Rider | 52.0 |
| R W1211 | Retroactive Injury Benefit Rider | 52.7 |
| R W1212 | Spouse Accident-Only Disability Income Rider | 51.7 |
| OC-W H1206 (AR) | Outline of Coverage | 50.6 |
| OC-W H1207 (AR) | Outline of Coverage | 50.3 |
| 47-403-05053 (R07-12) | Disability income product page of application | 50.3 |


Signature

October 24, 2012
Date

Carol S. Watson
Vice President, General Counsel & Secretary

SERFF Tracking #:

SEFL-128742020

State Tracking #:

Company Tracking #:

IND DI PRO

State: Arkansas

Filing Company: Assurity Life Insurance Company

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.006 Short Term - Related to marketing with employer or association groups

Product Name: Ind DI PRO

Project Name/Number: Ind DI PRO Forms/Ind DI PRO

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|------------------------|----------|--|---------------------------|---------------------------|
| 10/24/2012 | Replaced 11/05/2012 | Form | Off-the-Job Accident and Sickness Disability Income Policy | 11/05/2012 | WH1206AR.pdf (Superceded) |
| 10/24/2012 | Replaced 11/05/2012 | Form | Off-the-Job Accident-Only Disability Income Policy | 11/05/2012 | WH1207AR.pdf (Superceded) |

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident and Sickness
Disability Income Policy**

This is a legal contract between You (the Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given 31 days notice by mail prior to any premium change. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

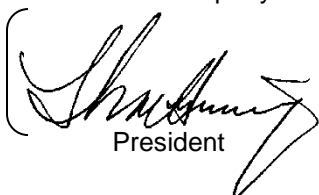
RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as this policy is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

Representative: [Alex Agent]

Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

| | |
|--|----|
| Renewal | 1 |
| Right to Examine | 1 |
| Right to Cancel..... | 1 |
| Schedule | 3 |
| Definitions..... | 4 |
| Premiums | 5 |
| Premium Payments..... | 5 |
| Grace Period | 5 |
| Reinstatement | 6 |
| Refund of Unearned Premium | 6 |
| Unpaid Premiums..... | 6 |
| Total Disability Benefit..... | 6 |
| Monthly Benefit Payment | 6 |
| Total Disability for Part of a Month | 6 |
| Partial Disability Benefit | 6 |
| Monthly Benefit Payment | 6 |
| Partial Disability for Part of a Month..... | 6 |
| Waiver of Premium..... | 6 |
| Limitations | 7 |
| Pre-existing Condition | 7 |
| Foreign Travel | 7 |
| Exclusions | 7 |
| Termination | 7 |
| Claim Procedures..... | 8 |
| Notice of Claim | 8 |
| Claim Forms..... | 8 |
| Proof of Loss | 8 |
| Additional Proof of Loss | 8 |
| Time of Payment of Claim..... | 8 |
| Time of Loss..... | 8 |
| Payment of Claim | 8 |
| Overpayment Reimbursement | 8 |
| Claim Review | 8 |
| Appeal | 8 |
| General Provisions | 8 |
| Application Statement | 8 |
| Agency | 9 |
| Assignment..... | 9 |
| Change of Beneficiary..... | 9 |
| Conformity with State and Federal Law | 9 |
| Discretionary Authority, if Governed by ERISA..... | 9 |
| Duty of Cooperation | 9 |
| Entire Contract; Changes..... | 9 |
| Legal Action | 9 |
| Misstatement of Age | 9 |
| Misstatement of Income | 9 |
| Physical Examination and Autopsy..... | 10 |
| Time Limit on Certain Defenses..... | 10 |
| Time of Coverage..... | 10 |
| Workers' Compensation..... | 10 |

SCHEDULE

| FORM NO. | FORM NAME | INITIAL ANNUAL PREMIUM |
|---------------|---|------------------------|
| W H1206 (AR) | Off-the-Job Accident and Sickness Disability Income Policy | \$[] |
| | Total Disability Monthly Benefit: \$[300 - 5,000] Maximum Benefit Period: [3, 6, 12, 24] months Elimination Period – Accident: [0, 7, 14, 30, 60, 90, 180] consecutive days Elimination Period – Sickness: [7, 14, 30, 60, 90, 180] consecutive days | |
| | Partial Disability Monthly Benefit: \$[150 – 2,500] Maximum Partial Benefit Period: [3 or 6] months | |
| [R W1208 (AR) | Emergency Accident Rider | \$[] |
| R W1209 | On-the-Job Accident and Sickness Disability Income Rider | \$[] |
| R W1211 | Retroactive Injury Benefit Rider | \$[] |
| R W1212 | Spouse Accident-Only Disability Income Rider | \$[] |

Insured Person: []
Issue Age: []

| | | |
|------------------|---|---|
| Policy Number: | [|] |
| Issue Date: | [|] |
| Initial Premium: | [|] |
| Premium Mode: | [|] |

DEFINITIONS

Actively at Work means performing the duties of Your occupation for Your employer for a wage, salary or profit.

Actively Employed means You must be working for the employer named in Your application or working for another employer at least 30 hours per week. You must be performing the substantial and material duties of Your regular occupation.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the policy Issue Date, (c) occurs while this policy is in force and (d) is not excluded by name or specific description in this policy.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the policy Schedule or rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this policy is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Insured Person listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include any rider premiums. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated policy shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated policy is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

MILITARY SERVICE

You may suspend this policy if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your policy due to active military service, We will refund any unearned premium.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- the policy anniversary following Your 70th birthday, or, if You continue to be Actively Employed after age 70, the date You cease being Actively Employed;
- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of this policy will not affect any claim for disability, provided that the Total Disability begins prior to termination of this policy and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this policy.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this policy, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither an employer, associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this policy, such determinations shall be final and conclusive.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this policy, which includes the application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this policy) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this policy) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME POLICY

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

READ YOUR POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident-Only
Disability Income Policy**

This is a legal contract between You (the Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable to age 70. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given 31 days notice by mail prior to any premium change. If You are over age 70, You must be Actively Employed to renew this policy on each anniversary.

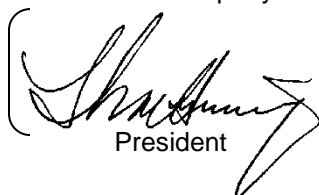
RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as this policy is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

Representative: [Alex Agent]

Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

| | |
|--|----|
| Renewal | 1 |
| Right to Examine | 1 |
| Right to Cancel..... | 1 |
| Schedule | 3 |
| Definitions..... | 4 |
| Premiums | 5 |
| Premium Payments..... | 5 |
| Grace Period | 5 |
| Reinstatement | 5 |
| Refund of Unearned Premium | 5 |
| Unpaid Premiums..... | 5 |
| Total Disability Benefit..... | 6 |
| Monthly Benefit Payment | 6 |
| Total Disability for Part of a Month | 6 |
| Partial Disability Benefit | 6 |
| Monthly Benefit Payment | 6 |
| Partial Disability for Part of a Month..... | 6 |
| Waiver of Premium..... | 6 |
| Limitations | 6 |
| Pre-existing Condition | 6 |
| Foreign Travel | 6 |
| Exclusions | 6 |
| Termination | 7 |
| Claim Procedures..... | 7 |
| Notice of Claim | 7 |
| Claim Forms..... | 7 |
| Proof of Loss | 7 |
| Additional Proof of Loss | 8 |
| Time of Payment of Claim..... | 8 |
| Time of Loss..... | 8 |
| Payment of Claim | 8 |
| Overpayment Reimbursement | 8 |
| Claim Review | 8 |
| Appeal, if Governed by ERISA..... | 8 |
| General Provisions | 8 |
| Application Statement | 8 |
| Agency | 8 |
| Assignment..... | 8 |
| Change of Beneficiary..... | 8 |
| Conformity with State and Federal Law | 9 |
| Discretionary Authority, if Governed by ERISA..... | 9 |
| Duty of Cooperation | 9 |
| Entire Contract; Changes..... | 9 |
| Legal Action | 9 |
| Misstatement of Age | 9 |
| Misstatement of Income | 9 |
| Physical Examination and Autopsy..... | 9 |
| Time Limit on Certain Defenses..... | 9 |
| Time of Coverage..... | 9 |
| Workers' Compensation..... | 10 |

SCHEDULE

| FORM NO. | FORM NAME | INITIAL ANNUAL PREMIUM |
|---------------|--|------------------------|
| W H1207 (AR) | Off-the-Job Accident—Only Disability Income Policy | \$[] |
| | Total Disability Monthly Benefit: \$[300 - 5,000] | |
| | Maximum Benefit Period: [3, 6, 12, 24] months | |
| | Elimination Period: [0, 7, 14, 30, 60, 90, 180] consecutive days | |
| | Partial Disability Monthly Benefit: \$[150 – 2,500] | |
| | Maximum Partial Benefit Period: [3 or 6] months | |
| [R W1208 (AR) | Emergency Accident Rider | \$[] |
| R W1210 | On-the-Job Accident-Only Disability Income Rider | \$[] |
| R W1211 | Retroactive Injury Benefit Rider | \$[] |
| R W1212 | Spouse Accident-Only Disability Income Rider | \$[] |

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|-----------------|---|---|------------------|---|---|
| Insured Person: | [|] | Policy Number: | [|] |
| Issue Age: | [|] | Issue Date: | [|] |
| | | | Initial Premium: | [|] |
| | | | Premium Mode: | [|] |

DEFINITIONS

Actively at Work means performing the duties of Your occupation for Your employer for a wage, salary or profit.

Actively Employed means You must be working for the employer named in Your application or working for another employer at least 30 hours per week. You must be performing the substantial and material duties of Your regular occupation.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the policy Issue Date, (c) occurs while this policy is in force and (d) is not excluded by name or specific description in this policy.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the policy Schedule or rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this policy is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Insured Person listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include any rider premiums. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated policy is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this policy or any riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;

- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

MILITARY SERVICE

You may suspend this policy if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your policy due to active military service, We will refund any unearned premium.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- the policy anniversary following Your 70th birthday, or, if You continue to be Actively Employed after age 70, the date You cease being Actively Employed;
- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of this policy will not affect any claim for disability, provided that the Total Disability begins prior to termination of this policy and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this policy.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this policy, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither an employer, associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this policy, such determinations shall be final and conclusive.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this policy, which includes the application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this policy) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this policy) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME POLICY

**Guaranteed renewable to Age 70 – Conditional right to renew for life
Company may change premium rates**

READ YOUR POLICY CAREFULLY